

Rate Floor Data

RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

Block 1 - Contact Information

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	300650
2	Carrier Study Area Name	alpha characters	The Ottoville Mutual Telephone Company
3	Service Provider Identification Number	9 numeric digits	143001674
4	Residential Local Service Charge Effective Date	mm/dd/yyyy	12/1/2018
5	Contact Name	alpha characters	William J Honigford
6	Contact Telephone Number (include area code)	9 numeric digits	419-453-3324
7	Sheet number	numeric digit(s)	1
8	Total Number of Sheets	numeric digit(s)	1

Block 2 - Residential Local Service Rates, Fees, and Line Counts

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9	\$ 20.00				
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11					
12					
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Rate Floor

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier The Ottoville Mutual Telephone Co

Signature of authorized officer *William J. Honigford*

Date 12/27/18

Printed name of authorized officer William J Honigford

Title or position of authorized officer General Manager

Telephone number of authorized officer: (419) 453 - 3324, ext.

Study Area Code of Reporting Carrier

300650

Filing Due Date for this form
(mm/dd/yyyy)

1/2/2019

Rate Floor Data

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

<p align="center">Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</p> <p>I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p> <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p>			
Name of Authorized Agent			
Name of Reporting Carrier The Ottoville Mutual Telephone Co			
Signature of authorized officer <i>William J. Honigford</i>			Date 12/27/18
Printed name of authorized officer William J Honigford			
Title or position of authorized officer General Manager			
Telephone number of authorized officer: (419) 453 - 3324, ext.			
Study Area Code of Reporting Carrier	300650	Filing Due Date for this form (mm/dd/yyyy)	1/2/2019

TO BE COMPLETED BY THE AUTHORIZED AGENT:

<p align="center">Certification of Agent Authorized to File Rate Floor Data Reported on Behalf of Reporting Carrier</p> <p>I, as agent for the reporting carrier, certify that I am authorized to submit the rate floor data on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.</p>			
Name of Reporting Carrier			
Name of Authorized Agent			
Signature of authorized agent or employee of agent			Date
Printed name of authorized agent or employee of agent			
Title or position of authorized agent or employee of agent			
Telephone number of authorized agent: () - , ext.			
Study Area Code of Reporting Carrier		Filing Due Date for this form (mmdyyy)	